## Monsanto



MONSANTO CHEMICAL INTERMEDIATES CO.

800 N. Lindbergh Boulevard St. Louis, Missouri 63166 Phone: (314) 694-1000

June 4, 1981

U.S. Environmental Protection Agency Region V Sites Notification Chicago, Illinois 60604

### Gentlemen:

In accordance with the requirements of Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, the enclosed Notification of Hazardous Waste Site is submitted.

The notification has been signed on behalf of Monsanto Company by the W. G. Krummrich Plant Manager. Please note, however, that any communication with Monsanto Company in connection with this notification should be addressed (and will move much more rapidly if so addressed) as follows:

Mr. R. H. Sinise Monsanto Company Sauget, Illinois 62201

Phone: (618) 271-5835

Sincerely,

Michael R. Foresman Environmental Affairs Manager

Trubal R. Folesman

MRF:ku Enclosure

Who say



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Form Approved OMB No. 2000-0138 EPA Form 8900-1

# Notification ( Hazardous Waste Si: - Plant Landfill

United States Environmental Protection Agency Washington DC 20460

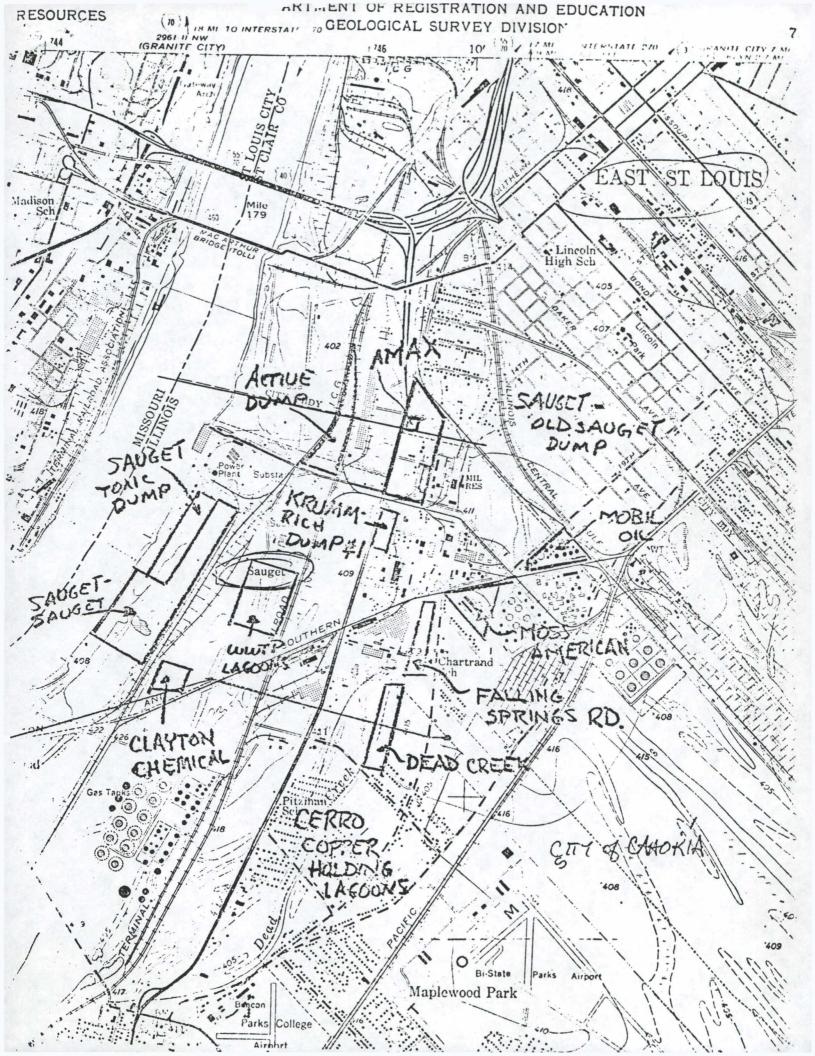
This initial notification information is required by Section-103(c) of the Compre- additional space, use sentrate sheets of hensive Environmental Response, Compensation, and Liability Act of 1980 and must which applies.

be mailed by June 9, 1981.

Please type or print in ink. If you need

	8	1060	28.	11		<i>/</i>	145-	000 -	001-34
Person Required to Notify:		Name MONSANTO COMPANY							
Enter the name and address of the or organization required to notify.		Name		· · ·		-i-h Dl-			
		Street	<u>v</u>	w. G	. Krummi	cich Pla	nt		
		City :	Sa	auge	t		State IL	Zip Code	62201
Site Location:	, 1	199		W. (	G. Krumn	nrich La	ndfill		
Enter the common name (if know actual location of the site.		Street City	Sauge	ow/ et	County	3304 St.Clair	State IL	Santo Zio Code	<b>JOUNE</b> 62201
Person to Contact:	<del>/</del>								
Enter the name, title (if applicable	e), and	Name (I	Last, First and	d Title)	Sinise,	Richard	Enviror	nmental	Engineer
business telephone number of th		Phone		618-	271-5835	(ext 227	1)		
to contact regarding information submitted on this form.						<del></del>	<u></u>		The state of the s
Dates of Waste Handling:	<del></del> .							<del></del>	
Enter the years that you estimate treatment, storage, or disposal be		From (Ye	ear)1957		To (Year)	1978		<i>,</i>	
ended at the site.		•							
Waste Type: Choose the option	n you pre	efer to	complete	:	<del></del>		····	······································	
Option I: Select general waste ty you do not know the general was encouraged to describe the site in	te types or	source	s, you are	Ì	Resource (	This option i Conservation s (40 CFR Pa	and Recover	persons fa y Act (RCRA	miliar with the A) Section 3001
General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.	Source o Place an boxes.		e: e appropria	ate	EPA has as listed in the appropriate the list of l	e regulations e four-digit n hazardous w	ur-digit numb s under Secti umber in the astes and cod	on 3001 of boxes provides can be o	hazardous wast RCRA. Enter th rided. A copy of obtained by which the site
1. ⊈ Organics	1. 🗆 Mir	•				<u> </u>		_	
2. X inorganics	2. □ Cor 3. □ Tex		on			[.			
3. IX Solvents 4. IX Pesticides	3. □ Tex 4. □ Fer							_	
5. 🖾 Heavy metals	5. □ Pag		nting	!			<del></del>	_;	
6. Acids	6. ☐ Lea		_						
7. D Bases			Foundry					-	
8. 🗆 PCBs	8. 💆 Ch		•						
9.   Mixed Municipal Waste	9. □ Pia				<del></del>	-	<del></del>		
10. 🗆 Unknown		_	mmunitior	n		}	·		
11.  Other (Specify)			Conductors	i	<u> </u>			_	
The second second	12. □ Tra			-  .	L		•		
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	18. □ Oth		ecify)				JUN -8 81	87	\

	Notification of Hazardous waste Site	31 E W0	• •
F	Waste Quantity:	Facility Type tal Facility	Waste Amount
V	Place an X in the appropriate boxes to indicate the facility types found at the site.		known
	in the "total facility waste amount" space	2.  Land Treatment	_
	give the estimated combined quantity	3. X Caridini	N
	(volume) of hazardous wastes at the site using cubic feet or gallons.	5. 🗆 Impoundment	Area
	In the "total facility area" space, give the	6. Underground Injection	·
	estimated area size which the facilities		known
	occupy using square feet or acres.	8. 🗖 Drums, Below Ground 9. 🗆 Other (Specify)	
G	Known, Suspected or Likely Releases t	to the Environment:	
	Place an X in the appropriate boxes to indica or likely releases of wastes to the environme		spected 🗆 Likely 🗀 None OW
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	g these items will assist EPA and State and local governmen g the items is not required, you are encouraged to do so.	nts in locating and assessing
H	Sketch Map of Site Location: (Options	11)	
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing	Monsanto Ave.	
	the direction north. You may substitute a publishing map showing the site location.	Monsanto Ave.	
		Illinois / /	
		Route 3	
	·		
			/
	•	/ 4 /	
		Plant Boundary	
<u> </u>	Description of Site: (Optional)		<del>,</del>
•	Describe the history and present		
	conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed		
	and where the waste came from. Provide any other information or comments which may help describe the site conditions.	•	
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		•	
J	Signature and Title:		
	The person or authorized representative (such as plant managers, superintendents,	Name J. W. MOLLOY PLANT MANAGER	IX Owner, Present
	trustees or attorneys) of persons required to notify must sign the form and provide a	Street W.G. KRUMMRICH PLANT ROUTE 3	□ Owner, Past IX Transporter
	mailing address (if different than address in item A). For other persons providing	City SAUGET State IL Zip Code62201	☐ Operator, Present
	notification, the signature is optional.  Check the boxes which best describe the	City SAUGET State IL Zip Code62201	Operator, Past
	relationship to the site of the person	Signature ANN Colles Date 5/5/	☑ Other
	required to notify. If you are not required to notify check "Other".	30.0	·
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### Notification of Hazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

	be mailed by June 9, 1981.		010	000				
	14	394				1L5-000	-001-340	
4	Person Required to Notify:	/	Monsanto	o Co J.	F. Oueenv	/ Plant		
	Enter the name and address of the person	Name	· · · · · · · · · · · · · · · · · · ·	,				
	or organization required to notify.	Street	<del></del>	uth Second	• • • • • • • • • • • • • • • • • • • •		<u>.</u> .	
		City	St. Lou	is		State Missouri:	Zip Code 63177	
3	Site Location:		V 0: 4					
	Enter the common name (if known) a actual location of the site.		Street Near Levee Rd + Monsanto Ave					
	The state of the s	Street //e	ear Lev	ee Ka .	- Monsa	nto Ave		
	120000722074	City	Sauget	County St	. Clair	State Illinois	Zip Code 62201	
Š	Person to Contact:			M = C =1-	M 11	F		
	Enter the name, title (if applicable), and	Name (Last,	First and Title)			Env. Prot.	Supv.	
	business telephone number of the person to contact regarding information	Phone		(314) 62	22-1400			
	submitted on this form.							
)	Dates of Waste Handling:						<del></del>	
	Enter the years that you estimate waste treatment, storage, or disposal began and	From (Year)	Unknown	To (Year)	1977			
•	ended at the site.						ť	
	• .	•						
=	Waste Type: Choose the option you pr	efer to cor	molete					
-	•		•					
	Option I: Select general waste types and so you do not know the general waste types or encouraged to describe the site in Item I—D	sources, y	ou are	Resource Co		ind Recovery Act	ons familiar with the (RCRA) Section 300	
	Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.	of Waste: X in the ap	ppropriate	EPA has ass listed in the appropriate the list of ha	regulations four-digit nu azardous was	<ul> <li>-digit number to under Section 30 mber in the boxe stes and codes ca</li> </ul>	each hazardous wast 001 of RCRA. Enter the s provided. A copy of an be obtained by tate in which the site	
	1. □ Mi 2. ☒ Inorganics 2. □ Co	ning instruction		<del></del>		<del></del>	·	
	3. ☑ Solvents 3. ☐ Te						· ·	
	4. ☑ Pesticides 4. ☐ Fe		1	1				
	5. ☐ Heavy metals ; 5. ☐ Pa	per/Printin	g	<u> </u>				
	6. □ Acids 6. □ Le	ather Tanni	ing					
		n/Steel Fo	undry					
	8. 🖸 PCBs 8. 🗷 Ch	iemical, Ge	neral	-	<del></del>			
		ating/Polish						
	•	litary/Amm	1					
	·	ectrical Con	l.					
		ensformers		በበበ	NUL 8 1 1	1.001	\(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\\ \ti}\\\ \tittt{\text{\tin}\text{\text{\text{\text{\text{\text{\texitt{\text{\text{\text{\text{\texi}\text{\text{\texi}\tint{\titt{\text{\text{\text{\text{\texi}\text{\texit{\text{\tex{	
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		nitary/Refu	ase		.1.11.	DULT JOHNARO		
	15. □ Ph	•			m 1 1 1	THM/SWMG		
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Form Approved OMB No. 2000-0138 EPA Form 8900-1

JUN 1 5 1981

	Notification of nazardous waste Site	Side I Wo						
	Waste Quantity:	Facility Type	otal Facility Was	te Amount				
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. D Piles	cubic feet 178	,000				
	In the "total facility waste amount" space	2.   Land Treatment	gallons					
	give the estimated combined quantity	3. Ø Landfill 4. □ Tanks						
٠	(volume) of hazardous wastes at the site using cubic feet or gallons.	5.  Impoundment	Total Facility Area					
	In the "total facility area" space, give the	6.  Underground Injection	square feet					
	estimated area size which the facilities	7. Drums, Above Ground	acres	36				
	occupy using square feet or acres.	8. 🗷 Drums, Below Ground	٠.					
_		9. Dother (Specify)						
	Known, Suspected or Likely Releases	to the Environment:						
	Place an X in the appropriate boxes to indicate any known, suspected, Suspected Likely None or likely releases of wastes to the environment.							
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completin	ig these items will assist EPA and State and githe items is not required, you are encountries.	d local governments in raged to do so.	n locating and assessin				
	Sketch Map of Site Location: (Option	al)		1 N				
	Sketch a map showing streets, highways, routes or other prominent landmarks near			<b>/</b>				
	the site. Place an X on the map to indicate							
	the site location. Draw an arrow showing the direction north. You may substitute a		Monsanto Ave.					
	publishing map showing the site location.		Ave.					
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		Squart Wasterner	$\rightarrow$					
_		Treatment Plant		<u></u>				
	Description of Site: (Optional)							
	Describe the history and present	•	•					
	conditions of the site. Give directions to the site and describe any nearby wells,		•					
	springs, lakes, or housing. Include such information as how waste was disposed							
	and where the waste came from. Provide		•					
	any other information or comments which may help describe the site conditions.							
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		( ) all h						
	Signature and Title:	( Mars Hlood must		Jot				
	The person or authorized representative	Name George Knollmeyer, Man	nt Manager	U • - □ Owner, Present				
	(such as plant managers, superintendents, trustees or attorneys) of persons required			Owner, Past				
	to notify must sign the form and provide a mailing address (if different than address	Street		- 🖄 Transporter				
	in item A). For other persons providing	City State	Zip Code	Operator, Present				
	notification, the signature is optional. Check the boxes which best describe the			- □ Operator, Past □ Other				
	relationship to the site of the person	Signature	Date 5/18/81					
	required to notify. If you are not required to notify check "Other".	5-5-5-5-5	Date 7/10/01	-				

	Notification of Hazardous Waste Site	Side Iwo		
F	Waste Quantity:	Facility Type	rtal Facility Waste	Amount
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. D Piles	Lubic feet 7.8 x 1	<u>o°)</u>
	In the "total facility waste amount" space	D Land Treatment     3.    X□ Landfill	gallons	
	give the estimated combined quantity	4.: □ Tanks	Total Facility Area	· ·
	(volume) of hazardous wastes at the site using cubic feet or gallons.	5. 🗆 Impoundment	square feet	1.
	In the "total facility area" space, give the	6. Underground Injection	: 1	
	estimated area size which the facilities occupy using square feet or acres.	7. Drums, Above Ground 8. XD Drums, Below Ground	acres 36	<u></u>
	3	9. D Other (Specify)		
	Known, Suspected or Likely Releases to	the Environment	· · · · · · · · · · · · · · · · · · ·	<del></del>
u	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment	e any known, suspected,	☐ Known ☐ Suspected ☐ DO NOT KNOW	J □ Likely □ None
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	these items will assist EPA and State a	and local governments in k	ocating and assessing
H	Sketch Map of Site Location: (Optional	) ·		
	Sketch a map showing streets, highways,		1	_
	routes or other prominent landmarks near the site. Place an X on the map to indicate	W0.000.00=5		
	the site location. Draw an arrow showing the direction north. You may substitute a	MONSANTO	AVE.	-
	publishing map showing the site location.		.	•
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	N	17, 1		ROUTE 3
•	<b>•</b>			
	L⊕ E			•
			-	
	4.	. '/		
			w. Comment	
<del></del>	Description of Site: (Optional)		<del></del>	
٠.	Describe the history and present			
	conditions of the site. Give directions to the site and describe any nearby wells,		•	,
	springs, lakes, or housing. Include such information as how waste was disposed	<b>:</b>		
	and where the waste came from. Provide		•	
	any other information or comments which may help describe the site conditions.	•		
			•	
			1/2	
			Un OB TO	,
		·		
	·		<b>%</b>	<b>&gt;</b>
.1	Signature and Title:		<u> </u>	
J	The person or authorized representative	Name J.W. MOLLOY PLANT MA	NAGER	XX Owner, Present .
	(such as plant managers, superintendents, trustees or attorneys) of persons required	M.C. KRIIMMRICH DIANT	•	Owner, Present .
	to notify must sign the form and provide a S	Street W.G. KRUMMRICH PLANT		Transporter
	mailing address (if different than address in item A). For other persons providing	City SAUGET State I	L 70 0-4 62201	D Operator, Present
	notification, the signature is optional.  Check the boxes which best describe the	Sidle		XX Operator; Past
	relationship to the site of the person	Signature ///////	Date 5/15/5/	□ Other
	required to notify. If you are not required so notify check "Other".	1/1		



Form Approved OMB No. 2000-0138 EPA Form 8900-1

### Notification / Hazardous Waste Si\*

**United States Environmental Protection** Agency Washington DC 20460

Inis initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

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A	Person Required to Notify:  Enter the name and address of the person		MON.	IS A NITTO COM	עזע עם		J	
:			Name MONSANTO COMPANY					
	or organization required to notify	•	Street W.	G. Krummr	ich Pla	nt		
			city / Saug	et		State IL	Zip Code	62201
В	Site Location:		W.	G. Krumm	rich La	ndfill		
	Enter the common name (if know actual location of the site.	vn) and	Street 100	Street ROUTES				
	14000072207	4	city Sauget	County S	t.Clair	State IL	Zip Code	62201
$\overline{c}$	Person to Contact:			Sinico	Diabord	Environ	mon+o1	Engineer
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.		Name (Last, First and Title	e) SINISE,	KICHALU	FIIATION	mencar	Engineer
			Phone 61	8-271-5835	(ext 227	1) .		····
				;.	1 -			
D	Dates of Waste Handling:		<del> </del>	<del> </del>				
	Enter the years that you estimate	waste	From (Year) 1957	To (Year)	1978			
•	treatment, storage, or disposal began and ended at the site.		riom(real)±937	10 (TEBI)	19/0	<del></del>	<del></del>	
	ended at the site.					•		•
	Waste Type: Choose the option	on you pr	efer to complete	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	Option I: Select general waste types and so you do not know the general waste types of encouraged to describe the site in Item I—I		sources, you are	Option 2: T Resource C regulations	onservation	and Recovery	persons fa Act (RCRA	miliar with the A) Section 3001
			of Waste: X in the appropriate	listed in the appropriate the list of h	signed a for regulations four-digit n azardous wa	ur-digit numbes under Section umber in the lastes and code	on 3001 of boxes prov es can be o	nazardous waste RCRA. Enter th ided. A copy of obtained by which the site
	1. ⊈ Organics ု	ining	located.			•		
	2. 🛣 inorganics		instruction					
	3. 🗓 Solvents	3. □ Te						
	4. X Pesticides	4. □ Fe					J <u> </u>	
	5. 🛱 Heavy metals		per/Printing			·	_	
	6. □ Acids 7. □ Bases	6. Li Le	ather Tanning	1			J	
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			on/Steel Foundry		-			
	8. 🗆 PCBs '	8. 🔯 Ch	nemical, General					
	8. □ PCBs · 9. □ Mixed Municipal Waste	8. 🛣 Ch 9. 🗆 Pla	nemical, General ating/Polishing					
	8. □ PCBs : 9. □ Mixed Municipal Waste 10. □ Unknown	8. ፟፟፟፟ Cr 9. □ Pla 10. □ M	nemical, General ating/Polishing ilitary/Ammunition					
	8. □ PCBs · 9. □ Mixed Municipal Waste	8. <b>½</b> Ch 9. □ Pl 10. □ M 11. □ El	nemical, General ating/Polishing ilitary/Ammunition ectrical Conductors					
	8. □ PCBs : 9. □ Mixed Municipal Waste 10. □ Unknown	8. 🛣 Ch 9. 🗆 Pli 10. 🗀 M 11. 🗀 Ei 12. 🗆 Tr	nemical, General ating/Polishing illitary/Ammunition ectrical Conductors ansformers	0.0				
	8. □ PCBs : 9. □ Mixed Municipal Waste 10. □ Unknown	8. <b>&amp;</b> Cr 9. Pli 10. M 11. Eid 12. Tr 13. Ut	nemical, General ating/Polishing ilitary/Ammunition ectrical Conductors ansformers ility Companies	0 0	0038	JUN -2 81		
	8. □ PCBs : 9. □ Mixed Municipal Waste 10. □ Unknown	8. 🕸 Cr 9. 🗆 Pli 10. 🗆 M 11. 🗀 Ei 12. 🗆 Tr 13. 🗆 Ut 14. 🗆 Sa	nemical, General ating/Polishing ilitary/Ammunition ectrical Conductors ansformers ility Companies anitary/Refuse	0 0	0038	JUN -8 81		
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	8. □ PCBs : 9. □ Mixed Municipal Waste 10. □ Unknown	8. 🕸 Cr 9. 🗆 Pl 10. 🗆 M 11. 🗆 Eld 12. 🗆 Tr 13. 🗆 Ut 14. 🗆 Sa 15. 🗆 Ph 16. 🗅 La	nemical, General ating/Polishing ilitary/Ammunition ectrical Conductors ansformers ility Companies anitary/Refuse notofinish	0 0	0038	JUN -8 81		
	8. □ PCBs : 9. □ Mixed Municipal Waste 10. □ Unknown	8. 🕸 Cr 9. 🗆 Pl 10. 🗆 M 11. 🗆 Eid 12. 🗆 Tr 13. 🗀 Ut 14. 🗀 Sa 15. 🗀 Pr 16. 🗀 La 17. 🗀 Ut	nemical, General ating/Polishing ilitary/Ammunition ectrical Conductors ansformers ility Companies anitary/Refuse notofinish	0 0	0038	JUN-8 81		

	Notification of Hazardous Waste Site	Side Two			
F	ฟูลรุชย์ Quantity:	Facility Type		vtal Facilit	Wester Amount
-	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. □ Piles 2. □ Land Trea	etment	mic feet	.8 × 10°) /800,00
	In the "total facility waste amount" space	3. x□ Landfill	31,110,111	gallons	
	give the estimated combined quantity (volume) of hazardous wastes at the site	4. 🗆 Tanks	•	Total Facilit	y Area
	using cubic feet or gallons.	5. 🗆 Impoundr	•	square feet	
	In the "total facility area" space, give the	6. □ Undergro 7. □ Drums, A	•	24	1
	estimated area size which the facilities occupy using square feet or acres.	8. XD Drums, B		acres 36	
		9. D Other (Sp			
	Known, Suspected or Likely Releases	to the Environme	nt·	<u> </u>	
G	Place an X in the appropriate boxes to indica				Suspected   Likely   None
	or likely releases of wastes to the environme	int.		⊠ DO NOT k	.NOW
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completin				ents in locating and assessing
Н	Sketch Map of Site Location: (Options	al)			
	Sketch a map showing streets, highways, routes or other prominent landmarks near				1
-	the site. Place an X on the map to indicate		MONSANTO	AVE	
	the site location. Draw an arrow showing the direction north. You may substitute a	_	MUNSANTO	AVE.	<del>-  -</del>
	publishing map showing the site location.		`		
			I		
			14		ILLINOIS
			17, 1		ROUTE 3
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	<b></b>	E. ,			
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	• •				
l	Description of Site: (Optional)				
	Describe the history and present conditions of the site. Give directions to				
	the site and describe any nearby wells, .		٠	•	
	springs, lakes, or housing. Include such information as how waste was disposed				•
	and where the waste came from. Provide any other information or comments which				•
	may help describe the site conditions.			•	
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J	Signature and Title:			······································	TOTAL CONTRACTOR OF THE CONTRA
	The person or authorized representative	Name J.W. MOL	LOY PLANT MA	ANAGER	XX Owner, Present
	(such as plant managers, superintendents, trustees or attorneys) of persons required	Surger W.G. KRUI	<ul><li>Owner, Past</li></ul>		
	to notify must sign the form and provide a mailing address (if different than address	31.001		ROUTE #3	Transporter
	in item A). For other persons providing notification, the signature is optional.	City SAUGET	State	IL Zip Code 622	01 Operator, Present  XX Operator, Past
	Check the boxes which best describe the	( h.n.	1111	1	Other
	relationship to the site of the person required to notify. If you are not required	Signature ////	allo	Date J//	187
	to notify check "Other".	//.		/ /	